

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101018306 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	9	↓	↓	↓	↓	↓
TOTAL CLAIMS	10					

1	2	3	4
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			